

**\*\*\*FAX BACK TO: 508-856-3840\*\*\***  
**CERTIFIED TOBACCO TREATMENT SPECIALIST**  
**INFORMATION UPDATE FORM**

Please make copies of this form to complete upon any change in your employment. This information is vital for UMass Medical School to keep you up to date concerning continuing education opportunities and to maintain your certification records.

Check any line that is new and provide us with the updated information. Thank you.

**Name:**

\_\_\_\_\_

☐ **Check here if this is a change in your name**

☐ **New Degree(s):** \_\_\_\_\_

☐ **New Position or Title:** \_\_\_\_\_

☐ **New Organization or Agency:** \_\_\_\_\_

☐ **New Street Address:** \_\_\_\_\_

☐ **New City, State, Zip:** \_\_\_\_\_

☐ **New Work Phone:** \_\_\_\_\_

☐ **New FAX:** \_\_\_\_\_

☐ **New E-mail Address:** \_\_\_\_\_

☐ **New Home Phone:** \_\_\_\_\_

**Effective Date of Change(s):** \_\_\_\_\_

**Please list any new certifications or licenses you hold:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you for assisting us in keeping your information up to date.

The TTS Training and Certification Program,  
University of Massachusetts Medical School